

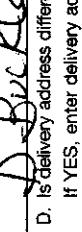
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Billups, #211-903
Ross Correctional Institution
PO Box 7010
Chillicothe, OH 45601

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) 	C. Date of Delivery 2-21-04
D. Is delivery address different from item 1? If YES, enter delivery address below: No	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7003 1680 0000 0330 4788	
PS Form 3811, August 2001 01-377 (08-01) S45	